LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS WAABSHKI-MIIGWAN DRUG COURT PROGRAM EXIT QUESTIONNAIRE

Please fill out this questionnaire fully. It is to your advantage to provide the information requested entirely, accurately, and promptly.

PERSONAL DATA

	***************************************			DOD-	
NAME:				DOB:	
OTHER NAME(S) USED:					
ADDRESS:		P.11. D	oomoning and an analysis of the second analysis of the second analysis of the second and an analysis of the second and an anal		
HOME TELEPHONE:	WORK 7	ELEPH	ONE:		
SOCIAL SECURITY #:				1	ergeren zuen den gegen der enten, rechten dem Bestehnen er
MARITAL STATUS					
ARE YOU: SINGLE IMA	RIED DIVORCED	\square_{W}	IDOWED		
SPOUSE'S NAME:		# O	F CHILDRE	V:	
NAME(S) AND AGE(S) OF CHILDRE	:				
YOU RESIDE WITH:					
CHILDREN RESIDE WITH:	•••••				
FAMILY INFORMATION		* m (*) mm) y (**********************************			
FATHER'S NAME:	LTBB MEN	IBER;	$\square_{\mathrm{Y}}\square_{\mathrm{N}}$	DOB:	
MOTHER'S NAME:	LTBB MEN	IBER:	$\square_{\mathrm{Y}}\square_{\mathrm{N}}$	DOB;	
BROTHER(S) AND SISTER(S):	man constant a man ann ann ann ann ann ann ann an ann an a			2 1 \$ 100 1 100 1 10 10 10 10 10 10 10 10 10	al
PLEASE DESCRIBE YOUR FAMILY	IFE (GOOD OR BAD) AS	YOU C	REW UP:		
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WHERE YOU EVER ABUSED? HOW					13444

EDUCATION:

COLLEGE, OR UNIVERSITY			LAST GRADE COMPLETED		YEAR		DID YOU GRADUATE?	
						D,	YES 🗖 NO	
							yes 🛛 no	
							yes 🗖 no	
							yes 🛘 no	
	. ,	None-		T				
G.E.D. CERTIFICATE:		YES NO			YEAR:	A A A A A A A A A A A A A A A A A A A		
VOCATIONAL TRAINI	NG: L	YES I NO			203			
WHAT FIELD(S):		WHAT SCHOOL:						
DID YOU COMPLETE	YOUR VO	CATIONAL TRAIN	ING?	LYES	s 🗖 no	YEAR		
OTHER SKILLS:					KANA			
DO YOU PLAN TO CO	NTINUE Y	OUR EDUCATION	?	L YES	s 🔲 no			
HOW:								
PRESENT EMPLOYER: ADDRESS:				TELEPHONE: CITY/STATE:				
				CITY/S'	ΓATE:		** ***********************************	
HOW LONG:		START DATE:		Į V	/AGE: (HR/	MO)		
DO YOU ENJOY YOUR				***************************************				
ARE YOUA FULL, PAR	T-TIME C	R SEASONAL EMF	PLOYEE:					
ARE YOUA FULL, PAR INTERESETS AND AC			PLOYEE:					
	CTIVITIES	S	PLOYEE:					
INTERESETS AND AC	CTIVITIES	S	PLOYEE:					
INTERESETS AND AC	TIVITIES OF DOING PROPERTY DOING PROPERTY OF THE PROPERTY OF	S	PLOYEE:					
INTERESETS AND ACTION WHAT DO YOU ENJOY WHAT ARE YOUR HOL	CTIVITIES ORELAX:	MOST?		VITHIN '				
WHAT DO YOU DO TO	CTIVITIES ORELAX:	MOST?		WITHIN '				

HEALTH:		
HAVE YOU EVER BEEN TREATED OR EVALUATI INTERVENTION?	ED BY BIA SOCIAL SERVI	CES OR CRISIS
□YES□ NO	•••	
EXPLAIN AND GIVE DATE(S):		
		19-29, 19-25 Монто 18-25 АРУКО - 97 ГЕРОЛИНИЯ В БОРТИНУВИЧЕНИЯ В В ВИТЕТИВИИ В В В В В В В В В В В В В В В В В
HAVE YOU EVER BEEN IN ANY IN-PATIENT OR O	OUT-PATIENT TREATMEN	T PROGRAM?
□ YES □ NO		
IF SO, WHEN AND WHERE?		
DO YOU HAVE ANY HEALTH/MEDIAL PROBLEM	S? QYES Q NO	
IF SO ARE THEY TEMPORARY OR PERMANENT?		
PLEASE EXPLAIN:		
DO YOU DRINK ALCOHOLIC BEVERAGES?	□ YES □ NO	17
WHAT KIND?	HOW OFTEN?	
DO YOU NEED ALCOHOL TO RELAX AND HAVE	A GOOD TIME?	☐ YES ☐ NO
DO YOU OR HAVE YOU USED ANY ILLEGAL DRU	JGS?	□YES□ NO
WHAT KIND?	HOW OFTEN?	

HISTORY OF DRUG USE		
	and the second second	
DESCRIBE YOUR DRUG USE:		
:		
DRUGS OF CHOICE:	AG	E AT FIRST USE:

PLEASE TAKE TIME TO MA WMDCP BETTER FOR FUTU	AKE SUGGESTIONS AS TO HOW JRE CLIENTS:	WE CAN MAKE

BY SIGNING YOUR NAME BELOW, YOU UNDERSTAND UNDER PENALTIES OF PERJURY THAT THE INFORMATION YOU HAVE PROVIDED IS THE TRUTH. IF THE COURT DISCOVERS THAT YOU LIED OR GAVE MISLEADING ANSWERS ON THIS FORM YOU MAY BE CHARGED WITH CONTEMPT OF COURT.

DATE	SIGNATURE	
WITNESSED BY:		
DATE	SIGNATURE	